

Case Number:	CM15-0008411		
Date Assigned:	01/26/2015	Date of Injury:	03/09/2005
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old male who reported an injury on 03/09/2005, due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his shoulder that ultimately resulted in shoulder joint replacement. The injured worker developed postsurgical chronic pain. The injured worker was evaluated on 12/10/2014. It was documented that the injured worker had 6/10 pain with medications that increased to an 8/10 without medications. It was noted that the injured worker had an improvement in activities of daily living and an increased ability to grasp as a result of current medication usage. Physical findings included restricted range of motion of the right shoulder with tenderness to palpation and spasming of the right trapezius, right deltoid and right rhomboid musculature. The injured worker's treatment plan included a urine drug screen and continuation for the use of medications, to include Naprosyn, Norco 10/325 and Zanaflex. A Request for Authorization dated 12/10/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325 #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule recommends the ongoing use of opioids and the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects and evidence that the injured worker is evaluated for aberrant behavior. The clinical documentation submitted for review does indicate that this injured worker has been on this medication for an extended duration of time. The clinical documentation submitted for review does indicate that the injured worker has pain relief and functional benefit resulting from the use of this medication. The clinical documentation does not provide any evidence of aberrant behavior. Therefore, continued use of this medication would be supported. However, the request as it is submitted does not identify a frequency or duration of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 #100 is not medically necessary or appropriate.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The requested urine drug screen is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend urine drug screening for injured workers who have signs and symptoms consistent with aberrant behavior. The injured worker's evaluation on 12/10/2014 did not identify any risk factors for aberrant behavior. As such, the requested urine drug screen is not considered medically necessary or appropriate.